

Iowa Department of Public Health Vaccines for Children Program Patient Eligibility Screening Record Public Provider

Initial Screening Date:					
Child: Last Name	First Name		MI		
Date of Birth:					
Parent/Guardian/Individual of Record:	Last Name	First Name	MI		
Primary Health Care Provider's Name:					
A record must be kept in the healthcare pro age or younger, who receive immunizations be completed by the parent, guardian or in should be used for all subsequent visits. We retain this or a similar record for each child Indicate the child's eligibility status (check of	s through the Vaccin dividual of record, o /hile verification of re l receiving vaccine.	ies For Children Program. The rec ir by the healthcare provider. This	ord may record		
(a) is enrolled in Medicaid	only one boxy.				
(b) does not have health insurance					
(c) is American Indian or Alaskan Native (AI/AN)					
(d) is underinsured (has health insurar (Can only receive VFC vaccine at a rural health clinic [RHC], or local pu	Federally Qualified H	lealth Center [FQHC],			
(e) Is not eligible for the VFC Program	because they do not	t meet the above criteria (insured)			

Office Use Only

This record should be used to document VFC eligibility for all subsequent vaccinations. Information below should be completed by clinic staff

Eligibility Changes								
Date	Medicaid	No health insurance	AI/AN	Underinsured	Not eligible for VFC	Staff Initials		

If there are any questions regarding the Vaccines for Children Program call 1-800-831-6293, ext. 4